

Missions Team Application

Trip Location _____ DATES _____

For Mozambique trips only : I am applying for the following location:

Maputo _____ Pemba: _____ Other: _____ Passport # _____

Name _____ Birth Date _____ Occupation _____
(Exactly as it appears or will appear on your passport)

Name that you would like to be called _____ Gender : Male Female

Address _____ City _____ State _____ Zip _____

E-mail _____ Home Phone (_____) _____ Work Phone (_____) _____

Fax (_____) _____ Cell Phone (_____) _____ Spouse's Name _____

Have you ever traveled with James or Michal Ann Goll or an Encounters Staff member? Yes No

If you answered Yes, with whom? _____ Dates & Destination _____

Are you born again? Yes No Unsure | Are you Spirit-filled? Yes No Unsure | Do you tithe? Yes No

Are you willing to minister in a way consistent with Encounters Network Ministry Team guidelines? Yes No

Are you willing to submit to being monitored and lovingly corrected if necessary? Yes No

If attending without your spouse, does he or she support your participation? Yes No

What spiritual gift mix do you believe God has given you? _____

Do you have any physical disability? Yes No If "Yes", please describe _____

Please list any physical limitations that may limit your participation and any medications that you are presently taking.

What languages do you speak / communicate in other than English? _____

Name of person to contact in case of emergency: _____ Phone (_____) _____

Address: _____
(Street) (City) (State) (Zip code)

Medical Insurance Carrier _____ Policy # _____

Insurance Phone # _____ (If possible, NOT the 800 or toll free number.)

Have you ever been treated for any mental or emotional condition? If so, please explain: _____

Local Church Name _____ Church Phone (____) _____

Address: _____
(Street) (City) (State) (Zip)

Denomination, if any _____ How long have you attended? _____

Is your present income a result of being in full-time Christian ministry? Yes No

Pastor or Overseer's Name _____ Telephone Number (____) _____

Do you attend church regularly now? Yes No If applicable, when were you baptized in the Holy Spirit? _____

In what areas of church life have you served and/or are currently serving?

What prophetic / intercessory / healing / deliverance ministry training have you had?

Have you had other Christian ministry training? _____ Describe _____

In what way are you seeking to share Christ with others now? _____

Have you ever traveled abroad? Yes No If "Yes", where and when?

What experiences do you have working with internationals? _____

Explain why you would like to participate as an Encounters Network Team member? _____

I have read, understand, and agree with the Ministry / Missions Team Application and accompanying information.

Signed _____ Date _____

Please return this completed form with your deposit or complete payment to:
Harvest Time Encounters
309 Walnut Street, Jackson, TN 38301
email: Leon@encountersnetwork.com | cell phone: 731.616.2513 | fax: 731.427.5908